
State:	District of Columbia	Filing Company:	StarStone National Insurance Company
TOI/Sub-TOI:	20.0 Commercial Auto/20.0000 Commercial Auto Combinations		
Product Name:	TRIAD Rental Vehicle Program		
Project Name/Number:	TRIAD Signature Forms Filing/P#17015 - refile		

Filing at a Glance

Company:	StarStone National Insurance Company
Product Name:	TRIAD Rental Vehicle Program
State:	District of Columbia
TOI:	20.0 Commercial Auto
Sub-TOI:	20.0000 Commercial Auto Combinations
Filing Type:	Form
Date Submitted:	05/04/2018
SERFF Tr Num:	TORS-131488700
SERFF Status:	Closed-APPROVED
State Tr Num:	
State Status:	
Co Tr Num:	P#17015 - REFILE
Effective Date	On Approval
Requested (New):	
Effective Date	On Approval
Requested (Renewal):	
Author(s):	Paige Jones, Dawn Williams, Derreck Threatt
Reviewer(s):	Carmen Belen (primary)
Disposition Date:	05/08/2018
Disposition Status:	APPROVED
Effective Date (New):	05/08/2018
Effective Date (Renewal):	05/08/2018

State: District of Columbia **Filing Company:** StarStone National Insurance Company
TOI/Sub-TOI: 20.0 Commercial Auto/20.0000 Commercial Auto Combinations
Product Name: TRIAD Rental Vehicle Program
Project Name/Number: TRIAD Signature Forms Filing/P#17015 - refile

General Information

Project Name: TRIAD Signature Forms Filing

Project Number: P#17015 - refile

Reference Organization:

Reference Title:

Filing Status Changed: 05/08/2018

State Status Changed:

Created By: Paige Jones

Corresponding Filing Tracking Number:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Submitted By: Paige Jones

Filing Description:

This filing is to correct a previously approved filing under SERFF Tracking # TORS-131337762

The incorrect form was inadvertently attached under form SSN-CA-TRIAD-END-CW-01 (10/17) - Additional Cancellation Provisions Endorsement.

We are adding form SSN-CA-TRIAD-DEC-RV-CW (10-17) Common Policy Dec - Rental Vehicle Program that was left off the previous filing.

Starstone National Insurance Company respectfully submits its commercial auto forms filing to refile our forms without a signature attached. We are including a policy jacket that will contain the necessary signatures and will be sent with all policies and / or endorsements. There have been no other changes made to the form content or language. All other terms and conditions of the policy remain the same. The forms were previously approved under SERFF Tracking Number TORS-130400203 and TORS-131337762.

We are requesting the earliest possible effective date.

Paige Jones

Assistant Compliance Manager

Company and Contact

Filing Contact Information

Derreck Threatt, Compliance Analyst

PO Box 100165

Columbia, SC 29202

Derreck.Threatt@enstargroup.com

803-462-7670 [Phone]

Filing Company Information

StarStone National Insurance
Company

Harborside 5, 185 Hudson Street
Suite 2600

Jersey City, NJ 07311

(201) 743-7700 ext. [Phone]

CoCode: 25496

Group Code: 4725

Group Name:

FEIN Number: 95-1429618

State of Domicile: Delaware

Company Type:

State ID Number:

Filing Fees

Fee Required?

No

State: District of Columbia**Filing Company:** StarStone National Insurance Company**TOI/Sub-TOI:** 20.0 Commercial Auto/20.0000 Commercial Auto Combinations**Product Name:** TRIAD Rental Vehicle Program**Project Name/Number:** TRIAD Signature Forms Filing/P#17015 - refile

Retaliatory? No

Fee Explanation:

State:	District of Columbia	Filing Company:	StarStone National Insurance Company
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
APPROVED	Carmen Belen	05/08/2018	05/08/2018

State:	District of Columbia	Filing Company:	StarStone National Insurance Company
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Disposition

Disposition Date: 05/08/2018
Effective Date (New): 05/08/2018
Effective Date (Renewal): 05/08/2018
Status: APPROVED

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Readability Certificate	APPROVED	Yes
Supporting Document	Consulting Authorization	APPROVED	Yes
Supporting Document	Copy of Trust Agreement	APPROVED	Yes
Form	Additional Cancellation Provisions Endorsement	APPROVED	Yes
Form	Common Policy Dec - Rental Vehicle Program	APPROVED	Yes

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Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1	APPROVED 05/08/2018	Additional Cancellation Provisions Endorsement	SSN-CA-TRIAD-END-CW-01	(10-17)	END	Replaced	Previous Filing Number:	TORS-130400203		SSN-CA-TRIAD-END-CW-01 (10-17) - Additional Cancellation Provisions Endorsement.pdf
							Replaced Form Number:	SSN-CA-TRIAD-END-CW-01 (01-16)		
2	APPROVED 05/08/2018	Common Policy Dec - Rental Vehicle Program	SSN-CA-TRIAD-DEC-RV-CW	(10/17)	DEC	Replaced	Previous Filing Number:	TORS-130400203		SSN-CA-TRIAD-DEC-RV-CW (10-17) Common Policy Dec - Rental Vehicle Program.pdf
							Replaced Form Number:	CA-TRIAD-DEC-RV-CW (01-16)		

Form Type Legend:

ABE	Application/Binder/Enrollment	ADV	Advertising
BND	Bond	CER	Certificate
CNR	Canc/NonRen Notice	DEC	Declarations/Schedule
DSC	Disclosure/Notice	END	Endorsement/Amendment/Conditions
ERS	Election/Rejection/Supplemental Applications	OTH	Other



Policy No.:

Named Insured:

Endorsement No.:

Effective Date of Endorsement:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL CANCELLATION PROVISIONS ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

CANCELLATION. This insurance may be cancelled by the Insured at any time by written notice or by surrender of this policy. This insurance may also be cancelled by or on behalf of the Company by delivering to the Insured or by mailing to the Insured, by registered, certified or other first class mail, at the address as shown on the declaration page of the policy. The mailing of such notice shall be sufficient proof of notice and this insurance shall terminate at the date and hour specified in such notice.

If this insurance is cancelled by the Insured, the Company has the right to retain the short rate proportion set out in accordance with the short rate table as part of this endorsement.

If this Insurance is cancelled by or on behalf of the Company, the Company will retain the pro rata proportion of the premium.

Payment or tender of any unearned premium by the Company will not be a condition precedent to the effectiveness of Cancellation but such payment will be made as soon as practicable.

If the period of limitation relating to the giving of such notice is prohibited or void by any law controlling the construction thereof, such period will be deemed to be amended so as to be equal to the minimum period of limitation permitted by such law.

For insurance written for more or less than one year.

1. If insurance has been in force for 12 months or less, apply the standard short rate table for annual insurance to the full annual premium determined as for an insurance written for a term of one year.
2. If insurance has been in force for more than 12 months:
 - a. Determine full annual premium as for an insurance written for a term of one year.
 - b. Deduct such premium from the full insurance premium, and on the remainder calculate the pro rata earned premium or short rate on the basis of the ratio of the length of time beyond one year the insurance has been in force to the length of time beyond one year for which the insurance was originally written.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

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SHORT RATE CANCELLATION TABLE

Days Insurance in Force	Percent of One Year Premium	Days Insurance in Force	Percent of One Year Premium
1	5	154-156	53
2	6	157-160	54
3-4	7	161-164	55
5-6	8	165-167	56
7-8	9	168-171	57
9-10	10	172-175	58
11-12	11	176-178	59
13-14	12	179-182 (6 months)	60
15-16	13	183-187	61
17-18	14	188-191	62
19-20	15	192-196	63
21-22	16	197-200	64
23-25	17	201-205	65
26-29	18	206-209	66
30-32 (1 month)	19	210-214 (7 months)	67
33-36	20	215-218	68
37-40	21	219-223	69
41-43	22	224-228	70
44-47	23	229-232	71
48-51	24	233-237	72
52-54	25	238-241	73
55-58	26	242-246 (8 months)	74
59-62 (2 months)	27	247-250	75
63-65	28	251-255	76
66-69	29	256-260	77
70-73	30	261-264	78
74-76	31	265-269	79
77-80	32	270-273 (9 months)	80
81-83	33	274-278	81
84-87	34	279-282	82
88-91 (3 months)	35	283-287	83
92-94	36	288-291	84
95-98	37	292-296	85
99-102	38	297-301	86
103-105	39	302-305 (10 months)	87
106-109	40	306-310	88
110-113	41	311-314	89
114-116	42	315-319	90
117-120	43	320-323	91
121-124 (4 months)	44	324-328	92
125-127	45	329-332	93
128-131	46	333-337 (11 months)	94
132-135	47	338-342	95
136-138	48	343-346	96
139-142	49	347-351	97
143-146	50	352-355	98
147-149	51	356-360	99
150-153 (5 months)	52	361-365 (12 months)	100



POLICY NUMBER: xxxxxxxxxxxxxx

RENTAL VEHICLE PROGRAM

COMMERCIAL LINES POLICY

COMMON POLICY DECLARATIONS

Renewal of Policy No.

STARSTONE NATIONAL INSURANCE COMPANY HARBORSIDE 5 185 HUDSON ST, SUITE 2600 JERSEY CITY, NJ 07311	Triad Insurance Management & Services Agency, Inc. 117 John Robert Thomas Drive, Suite A Exton, PA 19341
	<div style="text-align: right;">Commission:</div> <div>Producer Code:</div>
NAMED INSURED AND MAILING ADDRESS:	
<p>POLICY PERIOD: FROM TO</p> <p>AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.</p>	

The coverage part forms, endorsements and limits of insurance apply to this policy as shown on this declarations and the attached coverage part declarations.

BUSINESS DESCRIPTION:**FORM OF BUSINESS:**

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

This policy consists of the following coverage parts for which a premium is indicated. This premium may be subject to adjustment.

COVERAGE PART	As Provided by Declarations	PREMIUM	
COMMERCIAL PROPERTY COVERAGE PART		\$	
GARAGE COVERAGE		\$	
COMMERCIAL GENERAL LIABILITY COVERAGE		\$	
COMMERCIAL INLAND MARINE COVERAGE		\$	
CRIME AND FIDELITY COVERAGE PART		\$	
BUSINESS AUTO POLICY		\$	
	TOTAL PREMIUM	\$	

Premium shown is payable: At inception: 1st Anniversary: 2nd Anniversary:

FORMS APPLICABLE TO ALL COVERAGE PART:

Issue Date:

<signature>
AUTHORIZED SIGNATURE

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Supporting Document Schedules

Bypassed - Item:	Readability Certificate
Bypass Reason:	N/A
Attachment(s):	
Item Status:	APPROVED
Status Date:	05/08/2018

Bypassed - Item:	Consulting Authorization
Bypass Reason:	N/A
Attachment(s):	
Item Status:	APPROVED
Status Date:	05/08/2018

Bypassed - Item:	Copy of Trust Agreement
Bypass Reason:	N/A
Attachment(s):	
Item Status:	APPROVED
Status Date:	05/08/2018